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RESEARCH

Grupos de educação em saúde: aproximação da população masculina à unidade básica de saúde

Group of education in health: closeness of men to a primary health care center

Grupos de educación en salud: proximidad de la población masculina a la unidad básica de salud

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ABSTRACT

Objective: to identify the access of male population in health services, its participation in groups of education in health in the Primary Health Care Center (PHC) from a city in the southern of Rio Grande do Sul (RS), and recognize its reasons that made them look for a health group, which they participate. **Method:** qualitative, descriptive, and exploratory study. It was developed with six users from an urban (PHC) in Pelotas/RS. Data was recollected in November to December of 2012 through semi structured interview, after it was submitted to content analysis. **Results:** the participation of men in groups of health education at PHC is limited at the group of hypertensive and diabetic people. **Conclusion:** it is necessary the planning of educational actions to the other male population portion, which doesn't have any health problem. **Descriptors:** Men's health, Health education, Primary health care, Family health.

RESUMO

Objetivo: Identificar o acesso da população masculina aos serviços de saúde, a participação dos homens nos grupos de educação em saúde na Unidade Básica de Saúde de um município no Sul do Rio Grande do Sul e reconhecer os motivos que os levaram a procurar o grupo de saúde que participam. **Método:** Estudo qualitativo, do tipo descritivo e exploratório, desenvolvido com seis usuários de uma UBS urbana do município de Pelotas (RS). Os dados foram coletados em novembro e dezembro de 2012 por meio de entrevista semiestruturada, após submetidos à análise de conteúdo. **Resultados:** A participação dos homens em grupos de educação em saúde na UBS se limita somente ao grupo de hipertensos e diabéticos. **Conclusão:** É ncessário planejamento de ações educativas para a outra parcela da população masculina, que não possui nenhum probema de saúde. **Descritores:** Saúde do homem, Educação em saúde, Atenção primária à saúde, Saúde da família.

RESUMEN

Objetivo: Identificar el acceso de la población masculina a los servicios de salud, su participación en los grupos de educación en salud de la Unidad Básica de Salud (UBS) de un municipio del Sur de Rio Grande del Sur (RS) y reconocer los motivos que los llevaron a buscar el grupo de salud de cual participan. **Método:** Estudio cualitativo, descriptivo y exploratorio, desarrollado con seis pacientes de una UBS urbana del municipio de Pelotas/RS. Los datos fueron recogidos en noviembre y diciembre de 2012 por medio de entrevista semiestructurada, después sometidos al análisis de contenido. **Resultados:** La participación de los hombres en grupos de educación en salud de la UBS se limitó al grupo de hipertensos y diabéticos. **Conclusión:** Es necesario planear las acciones educativas para la población masculina que no presenta problema de salud. **Descriptores:** Salud del hombre, Educación en salud, Atención primaria de salud, Salud de la familia.

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INTRODUCTION

The Unified Health System (SUS) provides principles and guidelines in the legislation directed at democratization in the actions and health services which seek to ensure universality and health as a right and duty of the state, focusing on preventive actions and decreasing treatment of injury.[1]

For an integral and humanized care, the Family Health Program (PSF) arises in 1994 as a means of improving the practice of principles of the NHS, reorganizing primary care by prioritizing the promotion, protection and recovery of individuals and their families, becoming in 2006 the Family Health Strategy (FHS), with the aim of reorganizing the Primary Health Care (PHC) in country.[2]

However, despite the creation of the ESF, there are still gaps in the care provided by primary care. One point worth noting is the lack of access of the male population at Basic Health Units (BHU). We know that this is not a problem nowadays, since the 70's of last century, the first American studies relating to the theme "Man and health" occurred, and from the 90s discussions for integral men's health started.[3]

In this context, in Brazil, in 2008 the National Policy for Integral Attention to the Men's Health (PNAISH) was created [4], which is interconnected with the National Policy of Basic Care.[5] The PANAISH aims to facilitate and expand the population's access for health services. Among the major contributions there is the reduction of mortality and causes of action in the socio-cultural aspects. However, it is realized that men prefer to use services that respond quickly to their demands, such as emergency services and emergency. But that choice contributes to the worsening morbidity and consequently higher cost for SUS.[5]

Therefore, it is understood that many health problems of the male population could be mitigated or avoided. The resistance of men to solve problems related to health contributes to increased physical and emotional suffering for them and their family.[5]

Faced with the difficulty of effecting PNAISH, and for performing specific actions aimed at the male population in UBS, because of the low adhesion, it is possible to observe that health professionals are keen on attracting this population in other activities at UBS. The actions of education are example of this, they aimed at promoting health, which usually congregate population with a common goal, such as mental health groups, hypertensive and diabetic, pregnant women, among others.

Health promotion can be understood as a new proposed health for the population as it enables reflection about problems in society and contributes to the recognition and development of favorable attitudes towards the quality of lives.[6]

Thus, it is important that health professionals, especially nurses, who are included in health education activities, identify the participation of the male population in the existing groups in UBS, and use this time to recognize the reasons that lead them to seek UBS

through the group, with a view to approaching this population and encourage them to maintain the link.

For the above, this study aims to identify the male population access to health services, the participation of men in groups of health education on basic health unit of a municipality in southern Rio Grande do Sul and recognize the reasons that led them to seek healthcare group in which they participate.

METHOD

This study is a part of a survey entitled "Health Care performed by the male population of a Basic Health Unit of Pelotas," which was developed under qualitative, descriptive and exploratory approach. It was performed in the urban area of Pelotas, linked to the School of Nursing, Federal University of Pelotas (UFPel) Basic Health Unit (BHU). The UBS has three teams of Family Health Strategy (FHS) implemented and a team of integrated support by a social worker, two dentists, a nutritionist, two pharmacy technicians, four receptionists and two of the cleaning service.

The research received approval from the Research Ethics Committee of Faculty of Nursing/UFPel, under the number 070/2012. It followed the ethical principles contained in Chapter III of Resolution of the Federal Council of Nursing (COFEN) 311/2007 and also respected the Resolution 196/96 of competence of the National Council of Health, Ministry of Saúde.[7]

The municipality of Pelotas is located in southern Rio Grande do Sul (BR) and has an estimated population of 328 275 habitantes[8], approximately 154 198 (46.97%) ae male.

It is noteworthy that the number of people covered by UBS, and the significant participation of males in the groups of health education were the determining factors for the choice of UBS in which the data were collected factors. The group that included the participation of the male population was the hypertensive and diabetic ones; as yet UBS does not perform actions specifically to meet the demands of the male population.

The inclusion criteria of the study participants were to be a man; age group of 20-59 years-old; to participate in at least one group of health education UBS chosen for data collection; and to be registered in the Registration and Monitoring of Hypertensive Diabetics (HiperDia) System.

The population between 20 and 59 years-old were highlighted to represent a significant portion of the productive forces in the country, which has a high mortality rate and low demand for health services in the APS.

For data collection, a survey was initially conducted according to the selection criteria, and 110 men were registered. Two participants from each team ESF who matched

the inclusion criteria were selected. In the group in which there were more than two participants who are suited to the selection criteria, it was prioritizing the chronology of decreasing age. The participants were contacted during the group in which they participated for invitation and subsequent interview, which was held at UBS after the group meeting. To guarantee anonymity, in the description of the results the subjects were identified by initials, followed by age.

The data was collected through semi-structured interviews, which were conducted between November and December, 2012. The interview was guided by questions directed to: information related to the perspectives of research participants about the concept of health and disease; identification as a sick person or not; perception of health care; such care practice or not; reason that led him to participate in the group; receiving information from health professionals who participated in the group; the way they used to take care of health; in leisure-time activities; existence of amenity in the neighborhood; participation in community activities; and about how they have considered the access to health services.

The data obtained from the interviews were transcribed and analyzed according to content analysis of "Thematic modality" [9] emerging three themes: "Participation of men in groups of health education at the Basic Health Unit", "Reasons for the male population to seek health group", and "The access of the male population to health services".

RESULTS AND DISCUSSION

Participants' profile

The participants were six men who are between 35 and 56 years-old. Among these ones, five are married. Regarding the number of children, the majority reported having between two and four children, and two men doesn't have anyone.

With regard to schooling, only one had completed Elementary School, and the others said they have incomplete Elementary school. Regarding family income, the participants reported receiving between one and three minimum wages, for the majority it is from the retirement.

In relation to smoking, two men reported being smokers; one has smoked for twenty years and another man for thirty years. It is noteworthy that none reported being alcoholic.

Participation of men in groups of health education at the Basic Health Unit

At UBS activities for the individual care, for health education in schools, group of pregnant women, for children, hypertensive and/or diabetic have been conducted. But the only group that included the participation of the male population was the group of hypertensive and diabetic, four groups per team, which were conducted by teams weekly in the afternoon. It is worth mentioning that UBS doesn't offer actions specifically to suit the male population, despite the existence of PNAISH.

Authors point out that much of the preventive actions taken in health services (36,37%) was destined to women[3], or that the majority of health services does not include activities directed specifically to meet men's demands, and professionals provide less time and guidelines for disease prevention, compared with women.[10] Thus, men would be having little access to preventive actions, which contribute to the high rate of morbimortality.[11]

As all group meetings occur in the afternoon, this can make it difficult the participation of many of the men enrolled in the HiperDia because it coincides with the time of their work tasks. What can be evidenced by the absence of men in the age group corresponds to study in some of the monthly groups, in which the researcher was present.

The work schedule being the same as the period of operation of services constitutes an important barrier, contributing to the low demand of men to services.[5]

The participants were asked about the receipt of the relevant information about health care in the group that they have participated. Some of them said they receive information on nutrition, physical exercise, and medications, among others, as can be seen in the following lines:

> [...] They have talked a few time, I've seen, I've heard, that's no use the person taking the medicine and eat bad food. In my case I am a diabetic and sugar is poison for me, right? It's useless I take medicine and eat sugar right or if I take medicine and spend a day or two to drink alcohol [...] (BESS, 56).
>
> [...] I was very well oriented with respect to food and the care that to a hypertensive person should have (RTA 50).
>
> [...] Then there was the subject of dengue, in a camping, it was a trip, there was all kind of information, about smoking, about alcohol, about lectures, so this good, this is very good [...] (ASF, 56).

The participation in monthly groups, in this case the group of hypertensive and diabetic patients, is important for the receipt of controlled drugs, and promotes the link between professionals and users, as well as contributing to treatment adherence. It is worth noting that the timing of the groups is appropriate not only for distribution of medication, but also for guidance on diseases and their complications, health care, among others.[12]

Chronic treatments have lower adherence, because the therapeutic schemes require a big commitment from the patient, the change in lifestyle is necessary for effective treatment. Actions for health promotion and disease prevention also require a great effort, especially when is necessary some behavior changes.[5]

Health education in these groups is essential for the person to take control of their blood pressure or blood glucose, by changing daily habits that are conducive to quality of life and reducing complications of chronic diseases.[12]

The participants also reported that the information they receive is clear and easy to understand, even for they already know the professionals, which facilitates the questioning and therefore the resolution of their doubts, demonstrated by the expressions:

> I understand, I understand, and when I do not understand I also ask, then we have a lot of freedom, and we also known each other for a long time, the group is well organized (ASF, 56).
>
> They share information easily, calmly, and if there is any question people are always available. I think there are people who are ashamed for asking,

> and then you cannot guess for people what they want to know. If I have questions I I'll ask on the group, right? (G.S., 52).

It was possible to notice the lack of actions directed exclusively for men in the UBS studied, but according to the reports of respondents it was noted that health professionals responsible for groups conduct health guidance and clarification regarding the problems presented by users.

Through the reports, it was contacted that the inclusion of men in the group occurred as a result of any health problem, such as hypertension and diabetes. But there is the need to include the other portion of the male population in health education activities. Human health has been much discussed among health professionals; however, little information has been available on media access to the population.[13]

Reasons for the male population to seek health group

The majority of study participants, when asked about the reason that led him to join the group of hypertensive and diabetic, referred the emergence of health problems. They also reported that the inclusion in the group was due to guidance and medical referrals, and evidenced by the following statements:

> I discovered that I have diabetes and then I keep in participating [...] I used to feel dizzy [...] and my legs started to be asleep, then I looked for a doctor (BESS, 56).

> What about the group? I felt bad, so I went to make an appointment in the hospital [...] the doctor advised me to join the group, to have a monthly monitoring in the case [...] (GS, 52).

> The doctor herself who sent me here, [...] pressure, diabetes, who seems to also have other [...] (VLA, 54).

Some respondents reported that they only sought medical consultation because it was not within the resolution of the problem, as evidenced by the following expressions:

> [...] When I found that I needed a doctor, I went, I looked, I think it was the first time I had this problem [...] I go to where I can, you know, if I cannot solve, then I look for some help, but it's 'kinda' hard. It was the case of problem with hypertension; there I needed (RTA 50).

> [...] it depends on what I feel. It is not a head ache that I will have to seek emergency room or hospital, right? [...] (GS, 52).

The male population in general looks for help when the pain becomes unbearable. When they have a problem, they first look for alternative treatment measures, such as making use of medications on their own or even seek help for a farmaceutic.[3] This situation was demonstrated by the following statement:

> [...] If it appears a little pain I use to know the medication I have to use. If I do not have it, I'll buy at the drugstore. If it's a more serious thing, because of in the group we do the exams and everything is accompanied by a doctor, I will not try to act as a doctor and try to solve a problem that is not right, it has to be a doctor. [...]. But little things, not just me, but I think every human being, it is more or less so, every one think we have a little doctor inside us, but sometimes it is wrong, but to feel pain and do not take something…(GS, 52).

Although all respondents being carriers of hypertension and/or DM, when asked if they had any pathology, three subjects reported they do not have, only highlighted the DM and hypertension; one reported arthrosis; one reported a cognitive impairment; and another one had stroke (AVC). As it can be seen in the statements below:

> No, thank God no! Only this diabetic business, it is not much. Thank God it's already nearly normal (BESS, 56).
>
> I do not consider myself sick, a person with some care, medication and everything. I try to take the right medication at the right time [...] (GS, 52).
>
> No, I do not know if by chance hypertension goes, I do not consider myself sick because it does not affect me at all, making the calm treatment it does not (RTA 50).

Through the presented reports it is possible to realize that the completion of drug treatment appropriately for control of DM and hypertension enables subjects to have a normal life.

People may feel healthy even with the presence of disease. Thus, there is need to understand the meaning of being sick, to an effective care whenever the manifestation of a problem that could compromise the health.[14]

For men, the disease can be considered a sign of weakness, which may often explain the non-recognition of their health problems. From the moment that man is seen invulnerable, the disease would be displayed a sign fragility.[3]

The diagnosis and late treatment contributes to the worsening of the problem, which demonstrates the importance of prevention of health problems, as well as the early diagnosis and treatment. Moreover, for an effective therapeutic process and prevention of hypertension some changes in daily practices of life are essential, including proper nutrition, weight control, physical activity, and tobacco and alcohol consumption control. [15]

Access of the male population to health services

By establishing a question about the subjects considered access to health services, most participants said that sometimes they had difficulties in attending, because different situations as lack of places for medical consultation, long lines and attending time which coincide with their work schedule. As it can be seen in the following statements:

> [...] At the first few times I got tired of coming here at 3:00 A.M. It sucks on this point, of course it is not the attendants' fault or the girls', you know, nor doctors, we understand, but, it's very, very bad. [...] The problem is the difficulty to achieve a record [...] (BESS, 56).
>
> It's complicated, although I have no complaint here, about our, our health clinic, but one thing that bothers me is being on a line, or you have fantastic service, the staff are great, but it's not something that favor you, it's bad [...] (RTA, 50).
>
> I think in general, as I said, health has been very precarious, right? [...], the opening hours, scheduling and everything could be better [...] (GS, 52).
>
> [...] It takes a while until they attend you, because there's always someone waiting. You cannot go to there too late because you do not get the record. You must be there at the right time; there's always people waiting to be served, and there are few waiting tickets [...]

Authors point out that the way health services are organized to meet the male demand contributes to facilitate or make the access difficult.[3]

The presence of institutional barriers, in this case the opening hours of health services, waiting time for service and long lines, contribute to poor adherence of men to health services, and therefore affects access of men's actions and information related to health promotion and disease prevention.[5]

It is known that this is not a problem only of the male population, but the population in general suffer difficulties of access and attending in health services. The result has been many problems, such as services with poor physical areas, excessive queues, others with good material conditions but without qualifying staff at the reception, or poor service by health professionals.[16]

However, easy access as well as quality care can be determining factors for user satisfaction, possibly resulting in a good bond between user and health services, which in turn, may result in an improvement in the health status of the population.[16]

Through the speeches presented, it is understandable that access for participants is seen as precarious, but for some of them the integration in the group have facilitated the access because in the group many doubts are clarified, consultations are scheduled and exams are regularly requested. As it can be observed by the expressions:

> [...] in the groups here we also have care, so this helps a lot in this direction, but who does not participate in the group, or depends only on the waiting tickets taken there is much harder [...] (ASF, 56).
>
> After I joined the group, I rarely face queue, ah just for my wife [...] (BESS, 56).

Participation in groups of hypertension and diabetes contributed to the users, in this case the men, for having more access to information regarding their health problems as well as about the necessary precautions to avoid possible complications and improve quality of life.

Group work is a strategy that helps participants to express their needs, concerns, expectations, desires and living conditions, which impacts the health of individuals and comunity.[17]

Importantly, the use of health services by the user covers the direct relationship, in this case through medical consultations and hospitalizations, and indirectly through preventive test requests and diagnosis.[18]

By the actions of prevention within the care context, there is the concern of the men interviewed regarding the realization of these care actions which are important to improving the quality of life.

Given the data presented data, it is showed that the health care involves actions of disease prevention, health promotion, access to health services, public spaces for leisure activities, sanitation and other basic needs that provide the population's quality of life.

CONCLUSION

It was possible to identify that men's participation in health education groups in the UBS studied is only limited to the group of hypertension and diabetes, which means that now they have access to information and educational activities only after insertion in the group due to the presence of some serious health hazard. This situation have demonstrated the importance and the need for planning educational measures that favor in promoting health and disease prevention to another part of the male population, which does not have any health problems.

The emergence of problems, which have not been resolved by themselves and that compromised the health, was the reason why the male population to seek medical attention, and thus participate in the health group. This context confirms that the belief of invulnerability is present in the male part, which contributes to the delay in seeking medical service.

It was also identified the presence of some socio-cultural and institutional barriers between men and health, but it is noted that such barriers have not become impediments to achieving the care of this group of men, demonstrating that the holding of shares by smaller and simpler they are effective for the improvement of living conditions.

Thus, it is noticed that the participation of the male population in health care is a challenge for both the man with their particularities, but also for health services and professionals meet this demand. But it is suggested that further research regarding the health care of man to take effect, covering different situations, contexts and perceptions, aiming to contribute to the institutions and health professionals for the planning and implementation of actions in promoting health and prevention of diseases.

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